

Designation of Beneficiary

For Contra Costa County Group Life Insurance Plans

Instructions: Type or print in ink. Return completed form to Contra Costa County, Department of Human Resources, Employee Benefits Services Unit, 651 Pine Street, Martinez, CA, 94553

Employee Name

Employee Number

Social Security Number

Date of Birth

I request that the beneficiary for the following policy(ies) be designated as indicated below: (check appropriate boxes)

☐ County Paid Basic Life Insurance

☐ Management Life Insurance

☐ Supplemental Life Insurance

Unless otherwise provided in this request, if two or more primary beneficiaries are named, the proceeds shall be paid in equal shares to the named primary beneficiaries if surviving the insured, or to the survivor or survivors. If no primary beneficiaries survive, the proceeds shall be paid in equal shares to the named contingent beneficiaries, if any. If no beneficiary survives, payment shall be made according to the terms of the policy. The right of the insured to change the beneficiary hereafter is reserved.

Primary Beneficiaries: If more than 4 beneficiaries are designated, please attach a second designation form.

Name (1)	Address	Percent of Benefit (must add up to 100%)
Date of Birth	Social Security Number	Relationship
Name (2)	Address	Percent of Benefit (must add up to 100%)
Date of Birth	Social Security Number	Relationship
Name (3)	Address	Percent of Benefit (must add up to 100%)
Date of Birth	Social Security Number	Relationship
Name (4)	Address	Percent of Benefit (must add up to 100%)
Date of Birth	Social Security Number	Relationship

Contingent Beneficiaries: If more than 4 beneficiaries are designated, please attach a second designation form.

Name (1)	Address	Percent of Benefit (must add up to 100%)
Date of Birth	Social Security Number	Relationship
Name (2)	Address	Percent of Benefit (must add up to 100%)
Date of Birth	Social Security Number	Relationship
Name (3)	Address	Percent of Benefit (must add up to 100%)
Date of Birth	Social Security Number	Relationship
Name (4)	Address	Percent of Benefit (must add up to 100%)
Date of Birth	Social Security Number	Relationship

THIS DESIGNATION IS REVOCABLE AS TO EACH BENEFICIARY EXCEPT WHEN OTHERWISE STATED, AND BENEFICIARIES OF LIKE CLASS SHALL SHARE EQUALLY WITH RIGHT OF SURVIVORSHIP. THE INSURANCE COMPANY WILL NOT ACCEPT ANY DESIGNATION USING THE WORDS "PER STIRPES." PLEASE REFER TO THE SUGGESTED BENEFICIARY DESIGNATIONS ON THE REVERSE SIDE OF THIS FORM. ANY DESIGNATION OF AN INDIVIDUAL SHALL MEAN AN INDIVIDUAL LIVING AT THE INSURED'S DEATH.

DATED THIS DAY OF , 20 , AT (CITY) (STATE)

Employee Signature

Signature of Irrevocable Beneficiary(ies), if any

EMPLOYEE BENEFITS SERVICES UNIT USE ONLY

Date Received

Date HRIS Processed

Processed by

Suggested Beneficiary Designations

Personal Beneficiaries

1. Use full legal name(s) when designating a beneficiary; thus "Anna May Smith" not "Mrs. John Smith".
2. If two individuals are to be named, designate as follows: "Anna May Smith, wife, and Dorothy Smith Andrews, daughter, in equal shares, or the survivor."
3. If three or more individuals are to be named, designate as follows: "Anna May Smith, wife, Dorothy Smith Andrews, daughter, and William Smith, son, or the survivors, in equal shares, or the survivor."
4. If one or more secondary beneficiaries are to be named, they may be designated individually as follows: "Anna May Smith, wife, if living, otherwise Joseph Smith, father and Elizabeth Smith, mother, in equal shares, or the survivor;" or
 - a. If all children of the marriage are to be named secondary beneficiaries, designate them collectively rather than individually as follows: "Anna May Smith, wife, if living, otherwise the then surviving children, if any, born of the insured's marriage with said wife, in equal shares." (This designation will include children born after signing the designation without the necessity of changing the designation.)
 - b. If all children of the marriage are to be named secondary beneficiaries and a second alternate beneficiary is to be named, designate as follows: "Anna May Smith, wife, if living, otherwise the then surviving children, if any, born of the insured's marriage with said wife, in equal shares, or if said wife is not living and there is no such child, James Smith, father."
 - c. If children not of the present marriage are to be included, designate as follows: "Anna May Smith, wife, if living, otherwise John Smith and Mary Smith, children, and any other child or children born or insured's marriage with said wife, or the survivors, in equal shares, or the survivor."
 - d. If a "Clean Up Fund" of a stated amount is desired and there are secondary beneficiaries who are minors, the designation may be as follows: "The proceeds up to \$_____ to Anna Smith, wife, if living, otherwise the executors or administrators of the estate of the insured, and the remainder to said wife, if living, otherwise John Smith and Mary Smith, children, in equal shares, or the survivor." Minor children should not be named beneficiaries of proceeds intended for "Clean Up Fund" because the guardian of the children probably could not use the proceeds for that purpose.

Estate

5. If an estate is named, specify whose estate, such as: "Estate of the Insured."

Trustee

6. Trustee under the last will and testament of the insured, or his successors, in trust, PROVIDED, HOWEVER, that if no claim is made by said Trustee within one year from the date of death of the insured or if the insured shall die leaving no last will and testament containing a trust covering this policy, the proceeds shall be payable to the estate of the insured. Payment of the proceeds of this policy to said Trustee or successors in trust shall fully and finally discharge the Insurance Company from all liability.
7. "The (name of trust Company) Trust Company, trustee under written trust agreement dated (month, day, year) or its successor or successors in trust, and payment of the proceeds of this policy to said Trustee or successor or successors shall fully and finally discharge the Insurance Company from all liability."

Irrevocable Beneficiary

8. If you want to name a beneficiary that you can not change without his/her consent, designate him/her as irrevocable beneficiary, such as: "Frank Jones, as irrevocable beneficiary." Then if you change the designation in the future, both you and the irrevocable beneficiary must sign the form.